

## OVERVIEW

The second Association for Excellence in Medical Education (AEME) Conference, and the 16<sup>th</sup> Aga Khan University (AKU) National Health Sciences Research Symposium were jointly held at the AKU from January 25 to 27, 2013. Program of the Conference is at Section II.

The theme of the conference cum symposium (mentioned as Conference in succeeding paragraphs) was implications of patient safety and education for service on health professions education (HPE). The event provided a discussion forum for health professionals and educators, and for an exchange of national and international research findings, views and experiences relevant to the theme. The invigorating environment for learning and professional development that was thus generated reinforced collaboration and strengthening of liaison among institutions in the country for the improvement desired in medical, dentistry, nursing and allied health education and service.

Conference participants included national and international stakeholders thus providing a unique opportunity to share experiences and research work, familiarize medical educationists with new concepts and methods in HPE, and to promote adoption of methods recommended to improve the effectiveness of HPE and service in Pakistan.

Special electronic arrangements were made to enable audio link of the AKU campus in Nairobi, encouraging them to participate in Conference discussions.

The Conference was endorsed by Federation for Advancement of International Medical education and Research (FAIMER), Association of Medical Educators (AMEE), the Pakistan Medical and Dental Council (PM&DC), Higher Education Commission (HEC), Pakistan Science Foundation, Khyber Medical University (KMU), King Edward Medical University (KEMU) and Dow University of Health Sciences (DUHS).

Partners included Isra University, Hyderabad, while the media partner was Health TV. Al-Nafees Medical College & Hospital and Al-Tibri Medical College & Hospital sponsored the event. Aga Khan University hosted the event, and shared its financing with other sponsors.

## **Conference delegates**

Invited to the Conference were individuals belonging to the health professions education community including heads of medical, dental, nursing and allied health institutions (both undergraduate and postgraduate); clinical and basic scientists and researchers; government and policy makers; regulators of medical education in the country; medical educationists; as well as those concerned with management of health care. Members of renowned medical education related national and international faculties and organizations, and regulatory bodies comprised valuable resource for the Conference. Such an interesting milieu generated thought provoking discussion, evidence based in particular, and suggestions and comments on the implications and impact of topics discussed. It also enhanced the importance of their adoption and adaptation for better patient care and improved patient safety.

## **Themes and topics**

The themes for the first day of the Conference were ‘Curriculum Enhancement and Innovation’ for the morning sessions, and ‘Research and Technology; Enhanced Learning, and Simulation’ for the afternoon sessions. Conference theme of the second day was ‘Quality Assurance: Licensure and Re-certification’. Plenary session 4 focused on national and global initiatives regarding recommendations of the Lance Report.

In keeping with the themes, topics discussed during the Conference included the following.

- Curricular Innovations and Enhancement
- Technology Enhanced Learning & Simulations
- Assessment
- Program Evaluation, Quality Assurance (QA) and Accreditation
- Patient Safety
- Education for Service
- Research in Health Professionals Education

Topics and workshops were pertinent to HPE at both the undergraduate and postgraduate levels. Interactive forums were provided to the graduates and students of the AKU Advanced Diploma and Master’s programs and to the Federation for

Advancement of International Medical Education and Research (FAIMER) trained educators, as well as an opportunity to meet national and international experts in medical education.

### **Keynote speakers**

Leading experts from within and outside the country spoke on different aspects of the Conference themes. Presentations made by Keynote Speakers in the plenary sessions comprised a rich source of information on current trends as well as research pertinent to the aims and objectives of the Conference. Their presentations are included in Section III of this document.

### **Other features**

The Conference offered a medley of activities that participants could choose from to attend. The event enhanced networking among institutions, organizations and regulatory bodies as well as well-known experts concerned with planning and resource aspects of HPE particularly to bring about qualitative changes in medical and allied curricula and practice, as well as attitude, in relation to patient care and patient safety.

Interesting features of the Conference were the concurrent sessions and Conference workshops during which speakers dilated upon a number of perspectives with a central focus on the Conference theme for the particular session.

Poster presentations and exhibitions by the health care industry enhanced the interest shown by delegates.

The Conference carried 11 CME credits while the participants of workshops were awarded three Category 1 credits for the pre-Conference workshops and 1.5 Category 1 credits for the workshops during the Conference. The best oral speaker and presenter of poster were recognized through award of certificates, which was also a source of encouragement for them.

At the end of each session mementos were presented to Chief Guests, Chairpersons, co-Chairpersons, judges as well as best presenters of oral and poster presentations as a token of appreciation.

The participation of the Deputy Chairman of the Planning Commission, Islamabad as Chief Guest at the Concluding Session highlighted the focal role government plays in the education of health care professionals in the country.

Brief information on International Experts, Conference Committees, and registered participants are included in Annexes I, II and III of the Proceedings.

There was considerable coverage of the Conference by the media. Annex IV has salient information.

In the concluding session Prof. Naeem A. Jafarey received standing ovation by the audience when he was presented the Lifetime Achievement Award for his contribution to medical education. This was the first time that such an award was bestowed by the Association for Medical Education in Europe (AEME) and AKU.

### **Scientific exhibition**

A scientific exhibition was arranged near the Conference venue. The following units of the health care industry participated.

Glow Pak International; Macter International; GenixPharma (Pvt.) Ltd.; Getz Pharma (Pvt.) Ltd.; Hilton Pharma (Pvt.) Ltd.; SANOFI; Matrix; Pharm Evo; Abbott Nutrition; SIND MEDICAL STORE; Student Affairs; GSK; Novartis Pharma.

A red carpet area was used by the HEALTH TV to interview selected delegates.

## **Highlights of the Inaugural Session**

The AEME Conference 2013 and 16<sup>th</sup> AKU Symposium was inaugurated at the AKU Sports and Rehabilitation Center in the evening of Friday, January 25, 2013. Invited to the Inaugural Ceremony were a number of leading experts in the field of medical education from within and outside the country, as well as several prominent personalities in the medical and associated fields. Speakers represented the AEME Conference and the 16<sup>th</sup> Symposium.

The session opened with recitation and translation from the Surah ‘Al Asr’ of the Holy Quran by Prof. Umar Ali Khan, Pro Vice Chancellor, Isra University, Islamabad.

In his remarks about the Symposium Prof. Farhat Abbas, Dean AKU Medical College said that the AKU organizes symposia on a yearly basis and this one is the 16<sup>th</sup> Symposium of the series being held along with the Conference. The AKU enjoys the collaboration of national and international institutions toward improvement of medical education. New linkages are thus fostered that also play a significant role in quality assurance. Prof. Abbas appreciated the work of the Conference and Symposium organizers ably led by Prof. Rukhsana Zuberi, Chair of the Conference Organizing Committee.

The next speaker on behalf of the AEME Conference 2013, Prof. Ara Tekian, Associate Dean, University of Illinois, Chicago remarked on the exquisite setting chosen for the inauguration ceremony of the Conference. He touched upon the Mission of the AEME and said previous conferences were held in Islamabad (2009), Abu Dhabi (2011) and Karachi. Prof. Tekian thanked Mr. Firoz Rasul, President, AKU, Prof. Umar Ali, Pro Vice Chancellor Isra University. He also thanked Prof. R. Zuberi and Dr. Syeda Kauser Ali and their team from the AKU for the meticulous arrangements made for the Conference. He made a special mention of Prof. Sibit Hasanain, President, Pakistan Medical & Dental Council (PM&DC) for recognizing medical education as a profession in Pakistan.

Adding a note of welcome Prof. Greg Moran, Provost, AKU expressed particular pleasure at the subject of the Conference, which would look at importance of health professions education in relation to patient safety. Commenting on the three prongs of the mission, namely research, education and service, Prof. Moran said

these are not independent entities but an integral whole. In the context of patient safety there is a clear link between education and service. It is important to support the faculty, physician as well as nurse educators, and to develop a sincere commitment to quality. Also of importance is awareness of pedagogy and new developments especially because what is now known about teaching and education is quite different from what was known earlier. He underscored the importance of evidence based education, which is applicable to both what is done in the classroom and to clinical practice, and believed that knowledge developed must be distributed for maximum gain. In conclusion, Prof. Moran commented on the tendency in universities to not give full attention to the third prong, namely service, and emphasized the need to give it the full scrutiny and honor as given to the other aspects.

Welcoming the guests, Mr. Firoz Rasul, President AKU said it was a pleasure to be hosting such an eminent group of intellectuals. He emphasized that quality is the first binding principle in medical education in the AKU, and the AKU works with outside organizations to maintain quality. Mr. Rasul said the Pakistan Medical & Dental Council and the Higher Education Commission (HEC) play important roles in raising the standard of medical education.

Prof. Umar Ali Khan, Pro Vice Chancellor, Isra University, quoted a verse from the Holy Quran [Surah Al-Maeda] that, he said, contains key words applicable to the field of medical education. Education pertains to what one knows and what one does not know. The Holy Prophet (PBUH) not only emphasized the importance of education but the extent to which one should go to acquire it. Prof. Umar said that physicians are service oriented so they must put service before self. Medical education at both undergraduate and postgraduate levels must focus on care that ensures patient safety. A look at the agenda of hospitals would reflect the priority they attach to patient safety. Prof. Umar commented that this Conference will be a milestone in the development of patient safety in Pakistan.

Prof. Ghulam Qadir Kazi, Vice Chancellor, Isra University remarked on a belief held in the olden days that a good teacher is God gifted. Gain of knowledge in the area of medical education soon showed that it was otherwise – that it is a science and an art that can be acquired. Creation of medical universities in the private and public sectors followed this realization. In this context, he said the Higher

Education Commission has given the highest ranking to the AKU followed by Dow University and Isra. These organizations are also sponsoring the Conference together, which is a commendable effort. Further, Isra is ending its Golden Jubilee year with this Conference. Prof. Kazi was of the firm belief that medical education will flourish so long as there is a commitment toward it and that commitment is sustained.

Prof. Syed Sibitulahsain, President, Pakistan Medical & Dental Council, and Chief Guest at the Inauguration, then addressed the gathering. He particularly welcomed the three organizations that worked together to especially promote medical education through the Conference. Although an uphill task, he was firmly committed to bring medical care to an internationally acceptable level and hoped his successors would endeavor to do so too. Touching upon how organizations are made and run Prof. Hasnain praised the vision of the AKU in selecting its leaders to improve medical education as well as service. He promised to do his best to facilitate medical teaching institutions to come up to the standard set by AKU, which gives attention to detail and has the art of putting the essentials of medical education and care into its rightful place. Prof. Hasnain pointed to the rapid growth of medical colleges in the private sector some of whom have attained a plateau; others like the AKU with three campuses in Pakistan and several abroad, strive for betterment. He remarked that the AEME team is like a family. It meets once a year but talks round the year, all willing to work toward development and evaluation of medical education, creating liaison with international agencies as well as national organizations (PM&DC and HEC) for the purpose. Prof. Hasnain said what appears to be a simple statement by an earlier speaker, that everyone has the right to medical care when he is sick, is not really so. Translating this into medical education is a much less simple, indeed a difficult, task and producing a good doctor entails a combination of daunting tasks. It necessitates good training, a conducive training environment, and an education that merits him being called a healer. All this falls into the domain of the PM&DC, which is a regulating body for medical education. It can be effected through setting standards, licensing, re-certification or re-validation, as well as taking disciplinary action where and when required in order to ensure patient safety. Additionally, the public needs to know how to identify a good doctor. Expectations of the public are increasing continuously. They now expect the doctor to listen, counsel, be ethical

and above all be a true professional with honor and integrity. Concluding his address, Prof. Hasnain said that all aspects of medical education being discussed in the Conference require missionary zeal and clarity of thought for their implementation so that knowledge gathered is utilized also by ailing humanity.

Giving an overview of the Conference, Dr. S. Kauser Ali, Chair, Scientific Committee, AKU said themes of the Conference and Symposium cut across several medical domains. Action taken on the Lancet Commission Report of 2011 will be reviewed in the closing session of the Conference. She said the concluding session of the Conference will also identify areas that need to be addressed further.

Offering a vote of thanks, Prof. Rukhsana Zuberi, Associate Dean for Education, and Head of the Department for Educational Development, Chair of the Conference Organizing Committee, said everyone looked forward to thought provoking discussions during the Conference. She thanked all national and international delegates for their input that would go far in making the Conference a success.

A gala dinner, complete with music, then followed.



## Plenary Sessions

### ➤ Plenary Session 1

#### **Theme: Curriculum Enhancement and Innovation**

Prof. Farhat Abbas, Dean, Medical College, AKU chaired the session and Prof. Masood Hameed Khan, Vice Chancellor, Dow University of Health Sciences co-chaired it.

As aptly put by the Session Chair the “who’s who” of medical education was attending the Conference to share their knowledge and vast experience in curriculum enhancement that would have a profound influence on the development of more efficient curricula.

Presentations by Keynote Speakers given below followed the opening remarks by the Chair.

- Prof. Janet Grant, Professor, Open University and Senior Advisor, World Federation of Medical Education: ‘A Curriculum for Patient Safety’
- Prof. Valerie Wass, Prof. and Head, Medical School at Keele University:  
• ‘Integrating Professionalism into the Curriculum’
- Prof. Ara Tekian, Associate Dean, University of Illinois, Chicago:  
‘Educating the next generation of Health Care Professionals in the domain of Patient Safety’

Speaking about a curriculum for patient safety Prof. Grant questioned what a curriculum alone could achieve and commented that ‘purpose is not always evident’. Patient safety concerns and news of medical errors, in prescribing for example, are often media driven and hence travel fast even though it may lack evidence. There was a need for unbiased analysis of the problem and its related factors (system, funding, and management); identifying those responsible, and for taking action to prevent the error from recurring. Important in this context are the implications of medical errors, such as for the medical curriculum. Educationists are now thinking in terms of training courses aimed at improving patient safety. Education at each stage of a medical professional must promote patient safety, which is a very real issue. Also, better communication skills, professionalism, and social accountability in the physician are necessary to address the issue. The curriculum at the undergraduate and postgraduate levels, as well as of programs for

continuing professional development must aim to change behavior and practice, difficult as that may seem. In conclusion, Prof. Grant emphasized that patient safety is not just an educational problem. It is a practice to be adopted, requires learning at every level of physician education, and needs to be supported with proper management, effective systems and adequate resources, all of which are crucial.

Prof. Valerie Wass spoke on integrating professionalism into the curriculum to foster a culture of patient safety. She played a video on a yester year concept of ‘professionalism’ when the physician was seen as having an exalted position. Now, social accountability is in demand all over the world as is a ‘new’ concept of professionalism that uses objective criteria for classification of health professionals and develops a common set of values around social accountability. Also needed is an agreed upon institutional definition and restructuring of the curriculum to integrate learning across all years and to assess professional behavior. Prof. Wass spoke about the ‘basket of professional qualities’ where some of the values are no longer valid and have been replaced with others such as judgment, excellence and moral control including accountability figuring among current values. Everyone imbibes professionalism differently. A framework for professionalism must use ethical practice and legal understanding, communication skills, and clinical competence as its base. It should be put in the right context and integrated into a spiral medical curriculum from year one to year five, with integrity as a binding force. In addition, patient privacy is also a concern. Prof. Wass concluded that assessing professional behavior is complex as it is embedded within individuals, teams and institutions.

Prof Ara Tekian spoke on ‘Educating the next generation of healthcare professionals in the domain of patient safety’. He commented that the context of his presentation was created by those who spoke before him on patient safety. Patient safety has reached a significant and visible level of importance in medical practice. The highest quality of care should be free from accidental and preventable injury. He focused on the need to integrate into the medical curriculum patient safety as a sub-set of quality to reduce errors. Errors may be related, among others, to diagnosis, communication, and equipment failures. Reported errors are only the tip of the iceberg as available data show an alarming number dying from medical errors, adverse events and near misses. Careful root cause analysis of errors, acceptance of responsibility, and remedial action are called for to understand the kind of errors that can happen, how to manage them and how to prevent them happening again. Although unintended, medical errors have adverse effects and consequences particularly upon those close to the patient such as next of kin. Prof.

Tekian spoke about the Swiss cheese model of accident causation where some holes are due to active failures while others are due to latent conditions. Errors should be recognized, analyzed, reported, reduced and prevented. He showed a video to emphasize the effect on the next of kin of an error causing the death of a young patient. Major milestones have been achieved in the context of patient safety but a lot still remains. A culture of safety must be created and promoted, reliability should be made a reality, and behavior influenced across communities. Prof. Tekian advised that a task force may be useful for integrating patient safety into the curriculum, promoting inter- and trans-professional education, and for establishing zero tolerance for medical errors.

Summing up the session the Chair and co-Chair commented on the link between education and service in relation to patient safety emphasizing that errors have to be taken seriously and appropriately addressed. The curriculum must be implemented actively to ensure patient safety.

### ➤ **Plenary Session 2**

#### **Theme: Research and Technology; Enhanced Learning & Simulation**

The session was held during the first half of the afternoon. It was chaired by Prof. Waseem Jafri, Professor of Medicine and Dean, Department of Medical Education, AKU. Prof. Sohail H. Naqvi, former Executive Director, HEC was co-Chair.

Keynote speeches were made by leading experts in the area of Research and Technology, Enhanced Learning and Simulation. Speakers and topics were as under.

- Professor Sohail H. Naqvi, former Executive Director, HEC spoke on 'Development of Pakistan's Research Eco System'
- Prof. John Boulet, Vice President, Education Commission for Foreign Medical Graduates, talked about 'Use of Simulation: Challenges and Opportunities'
- Professor Abdul Majeed Chaudhry, Principal, Lahore Medical and Dental College made a presentation on 'Assessment of medical education: a big farce?'

Prof. Naqvi commented that findings of research in different countries could be used to predict what will come up in this area. However, research within the country can address problems being faced. According to an international study which ranked countries on the basis of quality research, it is encouraging to see

that Pakistan is expected to go from 43 to 27 in 2018. Prof. Naqvi spoke about the state of human development remarking that the Human Development Index was dwindling in Pakistan. Regarding policy choices it was better to work from the bottom up. There were several assets in the country including wealth under and above the ground, as well as a fantastic galaxy of personnel. However, the current status of research in the country was beset with low enrolment and paucity of funds. Quality assurance still remained a relatively unknown entity. The physical structure for research may be present but people make all the difference, supported with recognition and rewards. Prof. Naqvi concluded that the world of knowledge knows no boundaries.

Prof. John Boulet spoke about the use of simulation to enhance patient safety. Although it cannot replace actual patient contact simulation is better than allowing students to practice on real patients, which would undoubtedly increase their discomfort physically and emotionally. Simulation also allows for practice based learning, which is not possible with real patients. Experience leads to better practice, and better assessment of competencies. Another plus side of simulation is that it precludes poor performers from getting into the mainstream of medical practice, which in turn improves patient outcomes. Prof. Boulet dilated upon various aspects of simulated learning. More assessment simulations are being progressively added for various specialties. He referred to the Parliamentary Report of the House of Commons Health Committee on Patient Safety, July 2009. Challenges faced in research studies on simulated teaching include study design and outcome measures. Test scores may go up but it may not be translated into better patient care. Cost, in terms of human and financial resources, is another factor to be considered, as is logistics of simulation. Researchers need to evaluate the cost of adopting simulation learning and its impact on the patient population.

Prof Abdul Majeed Chaudhry in his talk elaborated on the problems of assessment in Pakistan and recommended some measures to improve the system. The main problems identified by him were that the curriculum lacked specific objectives and competencies, assessment is not aligned with the objectives or the teaching methods and there is a lack of valid and reliable tools. In addition feedback to the students, faculty and exam developers is not an integral part of the system. He suggested that assessments must be aligned with learning strategies, emphasis should be on using assessment as a learning tool, faculty and students should be oriented to newer assessment methods.

### ➤ **Plenary Session 3**

#### **Theme ‘Quality assurance: Licensure and Re-certification’**

Prof. Jamsheer Talati, Prof. Urology, AKU chaired the session with Prof. Keith Cash, Dean and Professor, School of Nursing and Midwifery, AKU as co-Chair.

Keynote speakers addressed various aspects of Licensure and Re-certification as shown below.

- Prof. John Norcini, President & CEO, Federation for Advancement of International Medical Education and Research (FAIMER): ‘Ensuring quality of healthcare workers: Licensure and recertification’
- Prof. Mohammad Hafizullah, Vice Chancellor, Khyber Medical University: ‘Medical education and patient safety: the new challenge?’
- Prof. Stefan Lindgren, President World Federation of Medical Education (WFME), and Professor Lund University, Switzerland: ‘International recognition for quality development in medical education’

The session also included a talk by Dr. Mohammed El Hassan Abdalla, Deputy Head, Medical Education Unit, Faculty of Medicine, Jazan University on the Group on Social Accountability (GOSA).

Prof. Norcini used data from the United States as he said he knew it better and it may be beneficial toward addressing similar issues in Pakistan. He commented that licensure and certification work in the same way as accreditation. Prof. Norcini recapped the introduction and progress of certification and licensure in the US where, although specialty expertise is not recognized, there are advantages for both specialists and general practitioners. Board certification also serves a purpose for employers. Prof. Norcini spoke about the requirements for licensure for US as well as foreign medical graduates, and for its maintenance. Once a physician is licensed it is for life and it can only be lost if CME credit requirements are not completed, or on grounds of misconduct. There were different models of certification.

However, he limited his talk to primary certification, which also has sub-certification. Prof. Norcini said a set of competencies has been identified by the Board that cut across several specialties, as does assessment for certification, and referred to the competencies required for maintenance of competence. Evidence of effectiveness of certification is related to quality of training, practice volume, process of care, and patient outcomes. Effectiveness, however, is political in part, he concluded.

Prof. Hafizullah spoke about patient safety and medical education, and queried whether it was a new challenge. He emphasized the importance of training programs for teachers. He referred to health care as it was in the olden times and what it is now. Errors and blunders by humans will happen but to depend on perfect human performance was not right. Patient safety should be incorporated into the medical curriculum at both undergraduate and postgraduate levels. There should be a system that holds the error so that it does not result in an accident. Prof. Hafizullah presented findings of studies pertaining to patient safety. An important element is attitude that promotes a culture for understanding the issue and for dealing with it. The World Health Organization (WHO) has developed guidelines for integrating patient safety in the medical curriculum. There is a need for health professionals to learn from errors throughout their professional life. Unfortunately, we are not working as aggressively as we should. A mix of teaching methodologies may benefit the patient more. Evidence based protocols and clinical audits also need to be developed, along with an environment of learning and a culture for open discussion on errors as well as trust, and what needs to be done to reduce and prevent them. Prof. Hafizullah pointed out the challenges and impediments.

Prof. Stefan Lindgren, President, World federation of Medical Education and Prof. Lund University, Switzerland spoke about the initial recognition of accreditation for quality development in medical colleges. There were quantitative challenges for quality development particularly in view of the mushrooming of medical schools. Health care professionals are less in number and often relocate to other geographic areas compounds the problem of effective care. Prof. Stefan commented that brain drain could be countered by brain circulation, which entailed the health professional moving back to serve own people, and by addressing barriers to professionals preventing them coming back to their place of origin. Migration flow meant that developed countries drained poorer countries. There is a need to make medical education transparent, widely acceptable and even universal.

After the keynote speakers Dr. Mohammed El Hassan Abdalla, Deputy Head, Medical Education Unit, Faculty of Medicine, Jazan University represented the Group on Social Accountability (GOSA). He briefly described what social accountability and the global consensus regarding it are. He said ten areas have been identified globally in the field of social accountability but each medical school needs to identify its own priority areas. The Group on Social Accountability



(GOSA) is a taskforce created under the umbrella of AMEEMR in November 2011 to execute its activities among the medical schools and health professions in the Eastern Mediterranean Region (EMR) and Prof. Zuberi represents the **AKU/ Pakistan** on it. Many initiatives were developed to promote the concept of social accountability all over the world which resulted in the development of the Global Consensus for Social Accountability of Medical Schools in December 2010. The mission of GOSA is to promote adoption of social accountability by medical school and health professions and accreditation bodies in the EMR; Some of its objectives are to assess the relevance of the ten areas of the Global Consensus document; and disseminate the Global Consensus of Social Accountability of Medical Schools; encourage accrediting bodies to incorporate SA standards among their accreditation standards. Dr. El Hassan elaborated upon the GOSA Action Plan and future actions that it will take to increase the level of social accountability in the region.

➤ **Plenary Session 4**

**Theme: National and Global Initiatives vis-à-vis The Lancet Report Recommendations**

The session was held during the afternoon. It was devoted to National and Global Initiatives vis-à-vis The Lancet Report Recommendations. Prof. Naeem A. Jafarey, Adviser, Academic Affairs, Ziauddin University was the Moderator while the presenter was Prof. Zulfiqar A. Bhutta, Prof. and Chair, Division Women and of Child Health, AKU. He is also a member of the Lancet Commission on 'Health professionals for a new century: transforming education to strengthen health systems in an interdependent world'. Prof. Zulfiqar Bhutta shared major highlights of the Lancet Report, which has generated a lot of discussion and a realization for transforming medical education. The Commission looked at what was demanded and what changes medical education needed namely a health professional for a new century. Prof. Bhutta spoke about the findings of the Report adding that demographic and socio-economic changes in Pakistan, especially between 'haves' and 'have-nots' have brought emerging challenges. There is mismatch between population distribution and medical schools, and the majority of specialists live in about half a dozen cities. The clear predominance of tertiary care hospitals shows systems failure; a systems approach to health should be considered. Talking about the key components of the education system he said knowledge should translate into improvement in health. Commenting that the vision is to reform for more equitable social justice in health, he recommended intra-institutional reforms; a move from traditional to competency based education model with adoption of

models of inter- and trans-professional education; as well as clear linkage with the community. He further recommended that community health workers should not be forgotten as without them the healthcare system in the country will collapse.

Prof. Rukhsana Zuberi, Associate Dean Education & Chair, Department for Educational Development, AKU led the audience through a Grid Completion Exercise in relation to the Lancet Report recommendations pertaining to areas already addressed, areas not addressed, and areas missing from the Report. She later presented the results in the Concluding Session that showed varying levels of action taken in implementing the recommendations of the Report.

Representatives of four major organizations concerned with medical and nursing education and health care were invited to respond in this context. The invitees were as under.

- Prof. Khalid Masood Gondal, College of Physicians and Surgeons Pakistan (CPSP), member of the CPSP Council, and Director General International Relations.
- Prof. Masood Hameed Khan, Vice Chancellor, Dow University of Health Sciences (DUHS) presented the response of the Pakistan Medical & Dental Council (PM&DC).
- Prof. Keith Cash, Dean and Professor, AKU School of Nursing and Midwifery, Karachi.
- Ms. Nighat Huda, Chair, Towards Unity for Health (TUFH).

Prof. Khalid Masood Gondal commented on the actions taken by CPSP in the context of the report. The CPSP provides for learning while working in teams within the health system, and has formed networks, alliances and consortiums. Memoranda of Understanding have been signed with international colleges for recognition and accreditation as well as international collaboration. Leaders at all levels are involved when the program is to be launched and regular meetings are held on its residency program. The curriculum is competency based, and the training program is further strengthened through specially developed Structured Visual Competency Display charts. There is also a key for assessing competencies. More than 17,000 trainees are currently enrolled in the residency program who are monitored through a system of e-log, and the Regional Centres of the College monitor supervision and submission of monitoring reports. There is a CPSP



network connectivity for the purpose. Faculty development is through workshops; workshops for supervisors are mandatory. Refreshers courses are also conducted. Not addressing primary and preventive aspects comprise a weak area. The FCPS Part I program needs more input, and some specialties are deficient in areas such as humanities.

Presenting the actions taken by the PM&DC to implement the recommendations of the Lancet Report, Prof. MasoodHameed Khan remarked that the Report adopted a global and multi-professional perspective, with a focus on institutional and instructional reform. As regards the adoption of a competency based curriculum the PM&DC decided in 2007 to switch to a modular, community and problem based curriculum. The competency based curriculum, developed in 2011 with the collaboration of the Higher Education Commission (HEC) is now ready for country wide launch. A criterion of the PM&DC for recognition that makes it binding for all medical colleges is to make the latest IT facilities available to all students as well as faculty. It also requires institutions to provide the infrastructure, expert faculty, and opportunities for professional development. Joint planning mechanisms allow the PM&DC to formulate policies in conjunction with the federal ministry, the HEC and other stakeholders. Global resources are harnessed through membership of international associations and bodies. Prof. MasoodHameed said that a task force has been formed for introduction of inter- and trans-professional education. A move from academic centers to academic systems has been initiated, and a culture of critical inquiry promoted. An effective monitoring and an established academic system, along with leadership in medical education would mark the way forward.

Prof. Keith Cash representing the, Pakistan Nursing Council, commented on the development of nursing education in Pakistan from its Independence in 1947 to 2011. The HEC collaborated in creation of the Bachelor level nursing curriculum. With emphasis on building of skills, professionalism and ethics, the evidence based curriculum is congruent with health needs of the country. Weaknesses of the curriculum were the wide variation in quality and inadequate faculty development. Prof. Cash recommended effective and universal monitoring and evaluation systems.

Ms. Nighat Huda spoke about actions taken by the TUFH in relation to the recommendations of the Lancet report. She said TUFH is a global network committed to the health of the people and promote equity in health. Established in 1979 as the Network of Community Oriented Educational Institutions for Health, it merged in 2001 with the World Health Organization's TUFH. Activities pertain, inter alia, to geriatric care, social accountability, and women's health. It also undertakes policy based projects and research studies on issues such rural internship programs. In conclusion, Ms. Huda quoted Charles Darwin that "It is not the strongest of the species that survive, not the most intelligent, but the one most responsive to change."

A very special feature of the session was the presentation of the Lifetime Achievement award to Prof. Naeem Jafarey. Further details are under the sub-head Concluding Session.

Section III of the Proceedings contains the details of the presentations made in the plenary sessions.

## **Workshops**

### **➤ Pre-conference Workshops**

A day before the start of the Conference, 17 workshops were conducted during the morning and afternoon of Friday, January 25, 2013. A wide variety of topics was selected. Facilitators included experts from within and outside the country.

The titles of the workshops are listed below; details are in Section IV of the Proceedings.

### **➤ Conference Workshops**

A number of workshops were offered in three concurrent sessions during the Conference.

The titles of the workshops and facilitators are listed below; details are in Section IV of the Proceedings.

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#### **1. Behavioral Sciences For Health Professions Education**

Facilitators: Dr Asma Humayun, Dr Murad Khan, Dr Nargis Asad

2. Teaching Humanities & Health Professions Education  
Facilitators: Kausar S. Khan, Dr. Kulsoom Ghias, Rukhsana Ali, Shireen Azfar
3. Are We Ready To Move From Traditional To Integrated Curriculum? The Role Of Quality Assurance In The New Vs The Old Curricula  
Facilitators: Dr Rehan Ahmed Khan, Dr Rahila Yasmeen
4. Strategic It Leadership For E-learning In Health Professions Education  
Facilitator: Mr. Chris Handley
5. Qualitative Research For Health Professions: A Basic Insight  
Facilitators: Dr Shazia Qasim Jamshed, Dr Mohammad Jamshed Siddiqui
6. Teaching And Learning In 21st Century: An E-learning Insight  
Facilitator: Dr Masood Jawaid
7. Clinical Decision Making In Acutely Sick Patients  
Facilitator: Dr Nadeemullah Khan
8. Problem Based Learning; What? Why? And How?  
Facilitator: Dr Rahila Yasmeen
9. Understanding “The Teachers Brand”  
Facilitator: Dr Masood Jawaid

### **Oral presentations in Concurrent Sessions**

The Conference program included several Concurrent Sessions including oral presentations, workshops and moderated poster sessions on the theme of the session. Oral presentations were made under the following themes in 12 concurrent sessions during the two days of the conference.

Themes of the sessions:

- Curriculum Innovation
- Teaching and learning
- Assessment

- Education for service
- Learning environment
- Quality assurance and evaluation
- Patient Safety

Dr. BushraMoiz's presentation on 'Enhancing patient safety by minimizing window period donations' was judged as the best oral presentation and she received an award for it.

Abstracts of the oral presentations are contained in Section V of this document.

### **Moderated poster presentations in Concurrent Sessions**

Theme based poster presentations were included in the concurrent sessions. A total of 27 presentations were made in Poster Session 1; 26 in Poster Session 2; and 10 in session 3. Presentations were theme based, which included the following:

- Curriculum innovation, teaching and learning; learning environment; and assessment
- Evaluation and quality assessment
- Patient safety
- Education for service

Presenters represented several medical and nursing colleges within the country as well as education related organizations.

Two prizes were awarded for best poster presentations as there was a tie. One prize went to Ms. Jacqueline Dias of SONAM, AKU for her presentation on 'Maximizing the experience for nursing students during a pediatric course in HEC/PNC baccalaureate curriculum in Pakistan: lessons learnt'; and the other to Dr. Sidra Mumtaz from the DUHS for her presentation on 'Gap between theoretical and practical knowledge of basic medical procedures in medical students of DUHS'.

Details of topics and abstracts of the poster sessions are contained in Section VI of the Proceedings.

## **Concluding session**

Dr. NadeemulHaque, Deputy Chairman, Planning Commission, Islamabad was the Chief Guest at the concluding session. The session opened with a panel discussion in the following areas.

- Interdependence and the systems approach: joint planning of health and education with broad engagement of leaders at all levels and IPE
- TEL and simulation
- Patient and population safety

Panel members included Prof. Janet Grant, Prof. John Boulet, Prof. John Norcini, Prof. Somaya Hosny, and Prof. Valerie Wass. Prof. Ara Tekian moderated the session.

## **Main points of discussion**

Prof. Ara Tekian remarked that the keynote speeches provided reflections about local as well as global initiatives pertaining to the recommendations of the Lancet Report.

Prof. Norcini commented about the nature of globalization and said there has to be faculty development also at some level. Modifying recommendations according to local means and resources is important in bringing about change. Also, dedicated and sustained leadership is necessary for change.

Prof. Boulet said that as a researcher he would recommend research on programs to build the educational base. Simulation is an important means of learning as are new ways of teaching students. The aim should be to develop a competency based curriculum, which would ultimately provide for effective patient care

Prof. Janet Grant said the Lancet Report has stimulated a great deal reflection on what is needed and will also stimulate action. The Commission had extremely high level representation with high level people. She emphasized the need to always refer to evidence base, which perhaps lags behind in practice. It is important to look at what is happening on the ground. Prof. Grant commented that educational research is perhaps not a top priority; it should be reassessed as it reflects on how content is being developed. Carrying out research is one item but implementation of its findings is another. Bringing about any change is a complicated process.

Further, research may be prepared in one area for implementation in another. Planned changes are advocated.

Prof. SomayaHosny, Dean Faculty of Medicine, Quality Assurance (GAQA) Suez Canal University, Ismailia, Egypt commented that compliance in relation to the curriculum is important although it is difficult. She underscored Faculty development, and a realization of ground realities.

Prof. Valerie Wass commented on transformative learning. Ageing and chronic conditions have to be dealt with in the context of Family Medicine. Fundamental misunderstandings must be cleared. Most importantly, the patient should be looked after as a whole person in the relevant context and not just a disease entity.

Prof. Ara Tekian spoke about the topic in the Chicago perspective as that is what he knew best. He said the first step is to understand the recommendation, then adapt it to local systems and put it into context. He recommended that there should be meaningful discussions before a move toward implementation. Also, there must be careful examination of what the priorities are for one's own country, and what does or does not work.

Prof. Bhutta said the point regarding context is very valid. He remarked that India has set up a Commission to look into HPE; also Thailand. There is a fairly rapid movement in development of material, which can help to jump start implementation in some countries. Prof. Bhutta said he observed that students are going forward at break-neck speed that is out of sync with what is happening at the community level, and this must be addressed through community education and development. There is a need to look at non-communicable diseases as well.

### **Lancet Report grid completion exercise**

Prof. RukhsanaZuberi presented the results of the Lancet Report recommendations grid completion exercise. As can be expected there was variation in implementation among the organizations represented in the Conference. Prof. Zuberi suggested that a working group should be set up that will report on further progress in the meeting scheduled to be held in Lahore in the AEME Conference 2014.

Dr. NadeemulHaque, Deputy Chairman, Planning Commission, Islamabad was the Chief Guest at the session. Dr. NadeemulHaque spoke about the need for change toward better management of issues in the realm of health education and patient care, and welcomed the effort being put into it in the country. He commented that, despite the low allocation of GDP funding, health is an important subject for the government. Medical education and health care need reinforcing. He said it was heartening to know that we are working for change especially in the context of Pakistan. Despite rising costs, some hospitals manage to work even without basic resources and while facing indigenous problems and bottlenecks such as power load shedding. Management problems such as non-functioning hospital facility or unit, and other issues further impede progress. There is a need to look into why problems happen so to prevent their recurrence. He commented that lack of change will lead to a slide backward. To move ahead networks must be established locally and globally to learn from their experience, to do more research, and to utilize findings of other's research. Citing the problem of young doctors striking from work, he emphasized the need to look into why this was happening. What also needs to be addressed is the mismatch of population and service facilities resulting in poor quality of medical care to those in the rural areas. Dr. Haque also emphasized the need to critically study the medical market as globalization is all about competing. Health functions within systems and cannot be compartmentalized. Systems analysis and research get systems to function better but he cautioned that they should not be over-stretched. Communities should be educated and community centers as well as libraries built for the purpose. Bringing about change, particularly changing the mindset of the people was an arduous task. Dr. Haque was of the view that opening up all problems and frank discussion is what can be done.

Mr. FirozRasul, President AKU and Prof. Farhat Abbas, Dean AKU Medical College presented the conference plaque to the chief guest and the panelists.

A very special feature of the session that followed the presentations was the presentation of the Lifetime Achievement award to Prof. NaeemJafarey. Prof. RukhsanaZuberi read out the citation for the award. She said it was the first time ever that such an award was being conferred by the AKU.

In his closing remarks Mr. FirozRasul said that the advice of caution was greatly appreciated. In addition to patient care there is imbalance of faculty as well, which perhaps is a global phenomenon. One way to offset this would be through the use of technology, which would help bring about a better balance between developing

and developed countries. Knowledge and experience must be transported across national boundaries. Also, high level principles must be applied realistically in the national context.

A vote of thanks was presented by Ms. Jacqueline Dias, SONAM, AKU.

Section VII of the Proceedings contains the following details of the plenary sessions.

- Presentation on the Lancet Report
- Result of the grid completion exercise
- Responses of the four major organizations regarding action taken on recommendations of the Lancet Report
- Citation for the Lifetime Achievement Award

## **Reflections**

The Conference amply demonstrated that in addition to physical growth, ongoing educational programs need to be continually monitored, updated and assessed for quality. Further, quality set must be maintained.

Critical issues in health professions education identified during the Conference included how students and residents are taught and evaluated and what facilities are available at training institutions to support their educational programs. It is recognized all over the world that healthcare professionals, their educators, members of regulatory bodies and the educational institutions share a collective responsibility to deliver safe, appropriate and good quality care to patients. Standards for good quality care need to be clearly spelt out and appropriately reflected in HPE and training programs. Responsibilities of stakeholders in this area are implicit as well as evident and there is evolving expectation of their fulfillment by the learners, institutions and patients. Here comes the importance of educating the community as well. Education for service and patient safety are indeed the moral and legal duties of all those belonging to the profession of medicine and must be fulfilled.

Inter-professional viewpoints across the health care profession were expressed in the Conference, and actions for implementation (adoption or adaptation to suit



local needs and settings) were recommended. Importance was also laid on feedback and use of information so obtained; validation of assessment tools and protocols; statistical analysis of data and use of inferences drawn to find answers and determine remedial actions.

Practice in simulated situations would be a useful way to address the issue of patient safety as well as disparity between trainees and training available facilities. Simulation labs were recommended for subjects where skills based learning is involved. The need for training outside a tertiary care environment would help greatly in providing real time health care in real life settings and strengthen appropriate epidemiological and social behavior. It would enhance compassion and empathy for effective treatment of ailments and promotion of health within communities that have little access to even basic health care.

Speakers emphasized that creating a conducive learning environment and developing aptitude for teaching is crucial for effective learning, and that faculty development should be considered as a core element of HPE.

Speakers highlighted that interpersonal skills and communication comprise one of the essential competencies required in a healthcare professional.

Improving the quality of care necessitates improving quality of education including interpersonal communication and healthcare, and increasing public awareness. Quality assurance should be on the lines recommended by the World Federation of Medical Education. The World Health Organization (WHO) has also set criteria for undergraduate and postgraduate medical education. Ideally, quality and its continuing improvement should be demonstrable, which may perhaps be in terms of patient outcomes. The transition involving change toward competency based education is do-able albeit difficult.

Ethics and professionalism were strongly underscored as was avoidance of medical errors. It was important that such errors should be owned, examined without bias and without censure, and analyzed to identify causal factors so that steps, such as re-training of care givers, and patient education, are taken to avoid it happening again. Suitable material such as standard operating procedures and protocols would be very useful reinforcement. Exploring the possibility of workplace-based assessment should also be considered.

Added below is a note reflecting the feelings of a Nurse Educator who attended the Conference.

### ***Reflections of a Nurse Educator delegate***

#### **Reflection on “AEME conference 2013 and 16th AKU symposium”**

On 26<sup>th</sup> and 27<sup>th</sup> January, I attended AEME conference 2013 and 16<sup>th</sup> AKU symposium. I attended this conference as a part of my education practicum. The purpose of this conference was to provide a platform to national and international educators to address about education in service and patient safety. The day began with the informative plenary sessions. Most of the sessions talked about patient safety in context of physicians only and I felt a gap in the nursing part. I believe that nurses spent more direct contact hours with patients and their role should be highlighted. Quality assurance in education is also one of the topics addressed in the conference.

After attending some of the plenary sessions in the conference, I realized that most of the speakers talked about patient’s safety, quality assurance and curriculum just in medical profession. The questions arose why nursing education is not been highlighted anywhere? The answer was then found when I heard that PMDC has now made it mandatory that every medical college need to have nursing school to get recognized. Here comes the importance of nursing education. I believe that if the goals of both the professions are same then why we are separating it. Nursing education should also be recognized as medical education and it should come under one umbrella of health professional’s education.

One of the concepts that I like was social accountability in health education. The speaker said that graduates should be preparing in the best interest of society. It means that societal needs should be our priorities. Patient’s safety should be the priority while providing care to the patients. Curriculum should teach about this important domain with the acceptance of error reporting. After listening to all the speakers, I attended a wonderful workshop on teaching and learning in 21<sup>st</sup> century: an e-learning insight” This workshop gave me an insight on free learning resources that are available on internet which we can use free of cost and implement blended learning. The speaker gave us multiple internet websites through which we can teach our students anywhere in the world. I believe that today’s generation learns more through technology. Many a times we felt that it’s too expensive but through that workshop we learnt that teaching learning strategies are available free of cost. The best thing was integration of research with each strategy that is done internationally. Another workshop was on “understanding teacher’s brands the purpose of that was to learn how we can market ourselves being teacher in our own fields. Finally, the lancet report presentation given by four organizations were good to hear and definitely learning about PNC according to Lancet report was good.

## **The Way forward**

The conference promoted understanding of the concept of HPE with respect to education for service and patient safety. It is now up to the educators to take the agenda forward and take measures to incorporate these essential concepts in their respective educational programs both in theory and practice. Multicenter, multi-disciplinary research at a national level needs to be addressed as a priority area and capacity building of researchers arranged.